MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore TIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: on carefully. The coleanly and legibly. County..... (If outside city or boy plimits write E (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospital, institution, or street address where death occurred: (If rural, give LOCATION) information of of death clea 2.(a) If veteran, name war..... How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number mme MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING Jo every item of 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from write 7. Birth date of deceased (mo., day, yr.) Supply if less than one day 8. AGE: 9. Birthplace. 11. Industry or business 13. Birtholace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace import Major findings of operations..... especially 18. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Accident, suicide, or homicide..... (month) (day) Ayear) Where did injury occur? WRITE (County) (State) (City or town) Injured at home, farm, Industry, public place (where?) Location Means of injury Injured at work? 1B. Funeral director. PLEASE M. D. or other Registrar



NET E MANUFILE DE ER

01038

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
Theodore Briscoe	3. (b) Social Security Number 212-12-5485
M. Col. Single, married, widowed, or divorced 6.(a) Single, married, widowed, or divorced 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I.CERTIFY that death occurred on the date above stated; that attended deceased from 18.77.
7. Birth date of Manager 12 1970	and that f last saw harmalive op Lace 24 1947
8. AGE: Years Months Days If less than one day 67 10 9hrsmin.	Immediair caose of death
9. Birthplace Laint Meare County, Md	Due to Clino Dal referrito 2 7 mm
10. Usual occupation.	Due fo
11. Industry or business	Other conditions Labora Callettino 6 ays
12. Name Whatson Buscal 13. Birthplace Saint Mears County	
	(Include pregnancy within 3 months of death)
14. Maiden name Laura Mukurum 19. 15. Birthplace Saint Mears County, Md.	Major fiedings of operations. Date of op.
18. Informant Ruby Barton	Aotopsy results
Address Criskield Md. 1063, 4th Sf.	22. VIOLENCE: If dealh was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Cemetery or erematory. Weslay	Where did injury occur?
Location Margae Stain flet	Injured at home, farm, Industry, public place (where?)
f8. Funeral director. Starley H. Stark	Meens of Injury Injured at work?
Address Marion Sta., Md.	23. SIGNATURE Dunge & Greeks M. D. or other
18. (Date rec'd by registrar) 19. (Gally & frankling Registrar	Address Manni Stoma Date signed 1-36,47

RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly

PLAINLY, V is especially i

WRITE

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2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

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2610

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bural Marion Md	state Maryland County Somerset
City or town	Value of the second of the sec
How long in above place of death? LlTetime	City or town Rural, Marion, Md. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Rural, Marion, Md.	Sireet No. Rural, Cash Corner
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Clifton H. Butler	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Jam 20 1947 at
6,(b) Name of husband or wife Anna Harrison	21. I CERTIFY that death-occurred on the date above stated; that I attended deceased from
40	Jase 1 1946 10 Jase 20 1947
7. Birth date of November 28, 1897	and that I last saw the alive on law 6 19.47
Deceased (mo., day, yr.) *	Immediate cause of death
8. AGE: Years Months Days It less than one day	acul Del Jest Juels
	nin.
Marion-Somerset-Maryland	Due to Clause Properties
(Town, county, and state)	Dyna
10. Usual occupation Farmer	Due to Classe marchets
11. Industry or business Agriculture	
Gordon T. Butler 12. Name. Somerset County, Md.	Other conditions
14. Maiden name Ella Parker 15. Birthplace Cask Corner, Md.	(Include pregnancy within 3 months of death)
S 8 Ritholago Cash Corner, Md.	Major findings of operations
	Date of op.
16. Informant Clarence Butler	Autopsy results
Address Crisfield, Md.	
Burial Date thereof Jan 22, 194	7 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Patricial, selection of nonlinear
Cemetery or crematory St. Pauls Cemetery	Where did injury occur?
Location Rural, Marion, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director H. Harvey Bradshaw	Means of injury Injured at work?
Address Crisfield, Md.	Dung Quille mil
2/2 m 1/2 (1 0 m 1	23. SIGNATURE
19. (Dade recid by registrer) Regist	may 22/47
(Date rec'd by registrar) Regist	rar Address M. U. A. D. Date signed

ADING INK. Supply every item of information carefully. The cappaigness please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Somerses	(For newborn inferes give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Ma County Sometime I
	City or town marion
How tong in above place of death?	(If outside city or town limita, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If ruroi, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Samuel S. Gottmon	212-16-139
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
me la cal la la cal	
Mare con winower	20. DATE OF DEATH JOW 1
6,(b) Name of husband or wife Minnie Gattman	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
	820 / 1946 19 Ceres (1946
7. Birth date of	and that I last eaw handlive on 200 2 3 4 18 44
deceased (mo., day, yr.) Dec 26-1885	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	0 24 5 24 1
6min.	nene
to the total dead	
9. Birthplace Marion Somethal Co MA:	Ove to line Ing refules 6 miles
lastered work	
10. Usuat occupation Leafood Work	Due to Curra my ougles 6 mil
11. Industry or business	
12 Name Jesses Bottman	Other conditions
12. Name Deffet Bottman 13. Birthplace smellet Co ma	
	(Include pregnency within 8 months of death)
14. Maiden name Sallie anne Jones 15. Birthplace Somewet to ma	Major findings of operations
\$ 15. Birthplace Somewest co ma	Oate of op
TF. 04	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Marion Ha, Md	
17 Courial Date thereof Jan 5- 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crematory Wesley Cometain	Where did injury occur?
las - 1 md	Injured al home, farm, industry, public place (where?)
Location	
18. Funeral director, Tokas H Waka	Means of injury Injured all work?
Address Massion Md.	
1 more Constitution	23. SIGNATURE DE LA COMPANION DE LA CONTRACTION DELA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE
18 Law 4 1847 may Miloon	And the state of t
19 (Date rec'd by registrer) Registrar	Address Date signed 3 - 2

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98

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CERTIFICATE OF DEATH

					Reg. Dist. No	
1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
County	************************	rset		(For newborn infants give residence of a	mother)	
City or town	Cris	field	URAL and give nearest town)	State Maryland Cour	onerse	<u> </u>
How long in above place	5 da	IVS	ORAL and give nearest town)	City or town Crisfield (If outside city or town limits		
Hospital, Institution, or			•	DITTOAT	, write KUKAL and give ne	arest town;
	McCr	eady l	Memorial Hospi	(If rural, give	LOCATION)	
How long in hospital or	Institution 5 da	ys		2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME					3. (b) Social Security	Number
	Geor		wey Cox, Jr.		220-12-12	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White		Married	20, DATE OF DEATH	10 1947	a 4 A
6.(b) Name of husband of	r wite Edit	th Dun	can	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended dece	eased from
		64) If alive, give age 20 year	Dec 24 19	46 to bear 10	1977
i. Birin date of			1, 1925	and that I last saw h	w (/q	19.546
deceased (mo., day, yr	Months	Days	It less than one day	Impediate cause of death		DURATION
01 11001				Coul Delp	Herry	**
21	10	9	hrs mln.		***************************************	
8. Birihplace				Due to Press Inclusion	nue	14 degs
	Farm	, county, and a	rate)			
10. Usual occupation	***************************************	***************************************		Due 16 Hugs.		
11. Industry or business		ek far			***************************************	
12. Name			y Cox, Sr.	Other conditions Orrycanalis	7.5	2 years
13. Birthplace			, Maryland	(Include pregnancy within 3 m		
H 14. Maiden name	Sara	ah Hic	kman	maneil		
14. Malden name 15. Birlhplace	King	ston.	Maryland	major saudiogo as aperadous.		
		Dewe		-		
16, Informant			A	PHYSICIAN: Please nuderline the cause to wh	ich death should be rharged	statistically.
Address	Cris	rield	, Maryland	22. VIOLENCE: If death was due to external cause		
17(Burial, cremation,	Burj	alDate There	of Jan 13,1947	Accident, sulcide, or homicide		
Cemetery or cremator	Priv	rate C	emetery	Where did injury occur?(City or town)	(County)	(State)
Location	RURA	L, Cr	isfield, Md.	Injured at home, farm, Industry, public place (wh		
18. Funeral director	н. н	larvey	Bradshaw	Means of injury	injured at work?	
Address		field	Maryland	4 00	4.	9
()		0	02 - 0	22 SHONATURE Surge O. Co.	relless - m	or other
19 (Date rec'd by reg	18./	-	y or wordy	July Jan 100 W	moto n	id
(Date rec'd by reg	istrar)	JECK TE	Registrat	Address	uate signed.	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

• Reg. Diat. No. 2610

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	,
County	State County Acrees	ret
City or town		
How long in above place of death?	City or town	rest town)
Hospital, Institution, or street address where death occurred:	Street No	
How long In hospital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Frank James Grown	214-03-	754
4. Sex 5. Color or race 6. Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Cal Widower	2D. DATE OF DEATH QUE	1 6 G
6.(b) Name of husband or wife Mary R Eroswell	21. I CERTIFY that death occurred on the date above stated; that attended decea	ased from
6.(c) If alive, give ageye	1944 10 Jaw 11	19
7. Birth date of Land 10 10 00	and that I last saw barring alive on access 5	1954
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION
66 10 1nrs.	nin. Cleux Die J Hemit	2aux
9. Birthplace accommence ba	Due to	***************************************
(Town, county, and state)	Almandar of Marchael	
10. Usual occupation	Due to.	2 /4
11. Industry or business	- Uma nyandling	*
12. Name	Dther conditions	
a 13. Birthplace accomac to be	(Include pregnancy within 3 months of death)	
14. Maiden name. Emma Half	Major findings of operations	
E 15. Birthplace accomac Co va	Date of op.	
18. informant Gelbert & Brownell	Antopsy results	
Address marion to to. md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
- 0-121 Nam 14-190	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(City or town) (County)	(State)
Location Marion Ma	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director Shot H Word	Means of Ihjury Injured at work?	
Addrass marion and.	8 20 11/1 2	
San 14 47 0 M. La.	23. SIGNATURE M. D. M. D.	or other
Date rec'd by registrar) Regist:	rar Address Murum als one Date signet.	PW 13-43



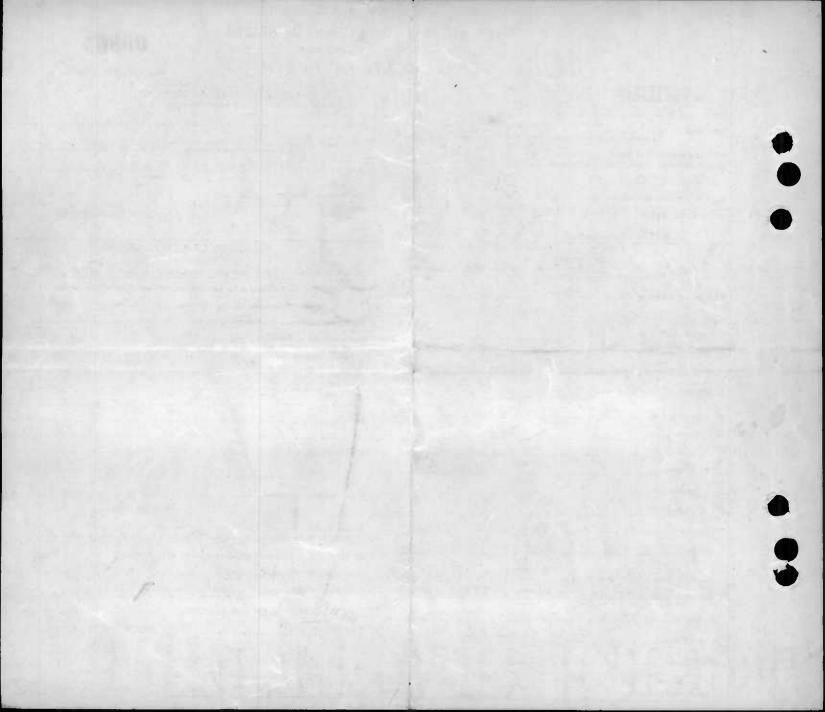
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 150

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County OMERSET	State Md. County BAST.
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death poturred:	Street No. 3611 FOREST PARK AVE,
WASHINGTON HOTEL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Donne Novors	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male While Married	20. DATE OF DEATH. 21. 4.30 4
6,(b) Name of husband or wife. Rose Deline	21. I CERTIFY that death occurred on the date above stated that I attended account from
	1918
7. Birth date of	and that I lest saw b. all re-on
deceased (mo., day, yr.)	Immediain cause of death DURATION
8. AGE: Years Months Days If less than one day	Thront Disease
5-7 hrsmin.	
9. Birthplace BALTIMBRE MP. (Town, county, and state)	Due to
10. Usual occupation MERCHANT	
	Due to
11, industry or business	
置 12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name UNK	Major fiediogs of operations
S 15. Birthplace	Date of op.
16. Informant JACK LEWIS, INC.	Actorsy results.
Address 2100 EUTAW PLACE	PHYSICIAN: Please noderline the caose to which death shootd he charged statistically.
11	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. BURIA L. Date thereof (month) (day) (year)	Accident, suicide, or homiside L. Examination Date of
Cemetery or crematory BALTIMORE NEBREW	Where did Injury chour? (City or town) (County) (State)
Location BELAIR ROAD	Injured of home, Name, Industry, public place (where?)
Location Location	Means of Injury to Injury to Injury to Injury to Injury to Injury
18. Funeral director	D D D
Address Mycess Unie, MC	Burn My Jose blood Mis
Jan 23 K7 B. W. 41. 1. 18	23. SIGNATURE M. D. or other
19. Pagistan	renewooder let and 1/2 2/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (522)

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			CERT	IFICAT	E OF DEATH	Reg. Dist. No.	400
City or town(If our How iong in above page the Michael Including of the Michael Including of the Michael Including of the Michael Including of the Michael Including In hospital or	ntside city or town li of death? slreet address where, y Hemori	al Hos	eld JRAL ond give neares Brs	st town)	2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of mother state. Maryland county State. Maryland County State. Crisfield City or town [If outside city or town limits, write 113 Second State	er) Somerset d te RURAL and give near reet	rest town)
3. (a) FULL NAME		MAE V	VIOLA EL	LIOTT	3	. (b) Social Security 1	Number
4. Sex Female	White	Mil box	married, widowed, or div arried arne Elli		MEDICAL CERT 20. DATE OF DEATH	27 19.417	,al 9:20 P, M
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yr	.)	May 23	3, 1900	7. years	and that last saw has alive on lamediain cause of death.	10	
8. AGE: Years 46 9. Birthplace	Hallwo (Town, Seafoo	od-Acceounty, and a d Worl	comac-Vir	ginia	Due to.		3
10. Usual occupation 1t. Industry or business 12. Name	Seafoo Willia Irelan Jane H	d m King d itchen	3 ns		Other conditions (Include pregnoney within 3 month		
16. Informant	Mrs. D 2nd St	orothy	Delaware W Hancock Isfield,	Md.	Autopsy results	leath should be charged a	statistically.
Cemetery or cremator	Chesap	eld Ce eake	Jan 30, (month) (day emetery Ave., Cri radshaw		Accident, suicide, or homicide	(County)	(State)
18. Funeral director Address 19. 1/3 0/34 (Date rec'd by reg		eld, l	Maryland	Registrar	23. SIGNATURE Saral m. 1 Address Crispell med	M. D. o	



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MAKILAND STATE DEPARTMENT OF DEAL	AND STATE DEPARTMENT OF HEA	ALTI
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2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

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- 1	-	- 1

2610

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Evans	3. (b) Social Security Number
Fewale Cal. Hidowed, or divorces.	MEDICAL CERTIFICATION 20. DATE OF DEATH JOLLY 24 19 4 7 at 7 A
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Warch 17, 1878	21. I CERTIFY that death occurred on the date above stated; that hattended deceased from 21. I CERTIFY that death occurred on the date above stated; that hattended deceased from 21. I CERTIFY that death occurred on the date above stated; that hattended deceased from 22. I CERTIFY that death occurred on the date above stated; that hattended deceased from 23. I CERTIFY that death occurred on the date above stated; that hattended deceased from 24. I CERTIFY that death occurred on the date above stated; that hattended deceased from 25. I CERTIFY that death occurred on the date above stated; that hattended deceased from 26. I CERTIFY that death occurred on the date above stated; that hattended deceased from 27. I CERTIFY that death occurred on the date above stated; that hattended deceased from 27. I CERTIFY that death occurred on the date above stated; that hattended deceased from 27. I CERTIFY that death occurred on the date above stated; that hattended deceased from the date above stated in the dat
8. AGE: Years Months Days If less than one day 68 10 7-4	Immediais cause of death DURATION Coul Des of Seas 10.0000
B. Birthplace (Town, county, and state) 10. Usual occupation Daniel Tree Oracle	Due to Close Superele 2 yes
11. Industry or business 12. Name Clayander Intitution 13. Birthplace Marion Sta., Neb.	Difer conditions Design Orles Solesses
14. Maiden name Caudica Horsey 15. Birthplace Marjow Sta, Md.	(Include pregnancy within 8 months of death) Major findings of operations
18. Interment Paul Grans, Md.	Actorsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. Burial, eremation, or removal, Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Magical Stay Me.	Where did injury occur?
18. Funeral director. Charles V. Marg. Address Marion Sta., Md.	23. SIGNATURE CALLBRUM See S. M. D. ordother
(Date rec'd by registrar) Registrar	Address Nuym sto mo Date signed on 23,4

JAN 29 1947 BUHEAL VS MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

(10867 Reg. Diat. No. 2680

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
May Harris	
4. Sex Neale Bek Married, widowed, or divorced Male Bek Married	MEDICAL CERTIFICATION 47 20. DATE OF DEATH 20 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of hostend or wife	21. I CERTIFY that geath occurred on the date above stated; that lattended deceased from
7. Birth date of G.(c) If alive, give age	and that I last saw h alive on
deceased (mo., day, yr.) 8. A.G.E.: Years Months Days If less than one day	Immediate cause of death Cores and DURATION
73	Thurston 4days
9. Birthplace (Town, Gunty, and state)	Due to arturo school
10. Usual occupation	Due to.
11. Industry or business , Chysteries	
12. Name Steerly Jorgan 13. Birthplace Deal Saland	Dither conditions.
14. Maiden name Adeliero, Milbouro	(Include pregnancy within 8 months of death)
15. Birthpiace on earl Island new	Major findings of operations.
h. A. Starris	
16. Informant Address Dead Salage Med	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 Niel 22-147	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or compatory Dest States Colored	Where did injury occur?
Location Deap Salar Mit	Injured at home, farm, Industry, public place (where?)
18. Funeral director, A. Delebale	Means of injury Injured at work?
Address Deal asland	As and making horb
19. Jace 22 19 22 Rosa Welskaw Date rec'd by registrar) Rosa Registrar	23. SIGNATURE. M. D. or other Address. Address. Date signed / /22/47

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JAN 30 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore 93d CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Domested	7-1 0. 0
(If outsige city or town limits, write RURAL and give nearest town)	1 2 .2 21
How tong in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address whate death occurred:	Street No. Columbia au
1	(If rurai, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Louis morres dayfield	
4. Sex 5. Color or race 6.(a) Single, married Midowed, or divorced	MEDICAL CERTIFICATION
male white married.	20, DATE DE DETINATURA OU S 1947 at 4 PM
6.(b) Name of husband or wife. Lyda Lugfeld	21 OSATIFIC that death occurred on the data above stated; that I attended deceased from
1 / 4	2 Combe 2 2/19 46, to your 19 77
7. Birth date of deceased (mo., day, yr.) Language 8/8/92	and that I last saw he live on 19.7.
8. AGE: Years Months Days If less than one day	Immediate cause of death
74 /	
71/2 + 21 1 2 1	John Carrolly
9. Sirihpiace. (Towy, county, and etate)	Due to
10. Usuat occupation — Lanning	
	Oue to Janoral arterio Salarogia
11. Industry or business	
12. Name les dayfeld	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name UNAnous	
S 15. 8irthplace	Major findings of operations.
16. Informant Leter Landield	Date of op.
0. 110 201	Autopsy results
Address / pincesa compe, mas.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remova), Which?) Date thereof (month) (may) (year)	Accident, suicide, or homicide
Cemetery or cramatory St andrewell Complemy	Where did injury occur?
Location Princess anne mg.	Injured at home, farm, industry, public place (where?)
18. Funeral director Dale Dashiell	Means of Injury Injured at work?
0 . 0	M. with
Address Princess Ume, Md.	23. SIGNATURE VIII VIOLUTION MAIN
19 Jan 9 19 47 Anna J. Wilson Registrar	Address Sufield M. D. or other 77

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2650 Reg. Dist. No..

1. PLACE OF DEATH: County	17 years ss where death occurred 117 N. 41	th St.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Somerset City or town Crisfield (If outside city or town limits, write RURAL and give nearest town) Street No. 112 N. 4th St. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or M C		married, widowed, or divorced	MEDICAL CERTIFICATION
			20. DATE DE DEATH
8.(b) Name of husband or wife			21. I CERTIFY that death obcurred on the date above stated; that I attended deceased from
) If alive, give ageyears	and that Past saw harmalive on 19.24.7.
deceased (mo., day, yr.)	August 1,	1897	Immediate cause of death
8. AGE: Years Month		If less than one day	Carried Stoward ?
49 5		hrsmln.	
9. Birthplece			Due to
11. Industry or business	Poultry I	reed	Due to
	William N		Diter conditions
12. Name	Marumsco	Md.	
×	Sally Sto	keley	(Include pregnancy within 3 months of death)
14. Malden name	Marumsco		Major fiadings of operations
William Stokeley			Dale of op
16. Informant			Autopsy results
varies2			22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial ate thereof Jan 19,1947 (Burial, cremation, or removal, Which?) (month) (day) (year)			Accident, suicide, or homicide
Cemetery or crematory Marumsco Cemetery			Where did injury occur?
Location RURAL, Marion, Maryland			Injured at home, farm, Industry, public place (where?)
18. Funeral director H. Harvey Bradshaw			Meens of Injury Injured at work?
Address Crisfield, Md.			23. SIGNATURE Same L. Payton M. J.
19. 1/6/47 19 Ugatha & Franching Registrar			23. SIGNATURE M. D. or other Address Cristal Bate signed 1875



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MARGIN RESERVED FOR BINDING

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

(1186) Reg. Dist. No. 2600

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County mersel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Vit of the Style town timits, write RUKAL and give nearest town	StateCounty
How iong in above plage of death?	(If outside city or town limits, write RURAL and give nearest town)
	Sireet No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sally Co. Miles	
4. Sed 5. Color or reco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemal White Widowed	20. DATE OF DEATH. 200 3 1947, at 7 19 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
^	9 DV 20 0 19 47, 10 0 3 1/3 1/19 1
7. Birth date of deceased (mo., day, yr.)	and hat I last saw h. G. K. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
102 3 17min.	They are falled 2 ll
9. Birthplace (Poyn, county, and state)	Due to grand Custing
1B. Usual occupation.	Helesel
11. Industry or business	Due to.
12. Name 24m 1 fall	Other conditions. De Sheley Generalises Carry
13. Birthplace 2nd	Tan IR Daniel V.
14 Maiden name Mary Anna Maddax	(Include pregginey within 8 months of death)
E 15. Birthplace	Major findings of operations.
16. Informant Analia Miles	Autopsy results.
1. ht 4. Hard	PHYS1C1AN: Please nuderline the cause to which death should be charged statistically.
Address of The Stairmann July	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or responsible Which?) (Burial, eremation, or responsible Which?)	Accident, suicide, or homicide
Cometery or crematory Thirties Frankly	Where did injury occur?
Location Upper naismorbut Mil	injured at home, farm, industry, public place (where?)
18. Funeral director Daniel B. Miles	Means of injury Injured al work?
Address When Flairmanath, Ma	Her Bo Man Conn
19. February 19 19 19 A. W. Jahasan M. (Date rec'd by registrar	Address 9 1100 Con Bate signed 43 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(11871) Reg. Dist. No. 3600

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sireet No	
How leng in hespital er institution?	2.(a) If veteran, name war	
Solen Roberts	3. (b) Social Security Number	
1. Spt 5, Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH 19 77 11 M	
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from	
7. Birth date of deceased (mo., day, yr.) day 6- 1910	and that i last saw h 2 live on 19	
8. AGE: Years Months Days It less than one day 3 / January Months Days It less than one day	Immediate cause of death	
9. Birthplace. World (Town, county, and state)	Due to	
ID. Usual occupation. In allow	Due to	
11. Industry er business 12. Name Wallage Rolling 13. Birthplace North Caroling	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Rosa Hunter 15. Birthplace North Carolina	Major findings of operations	
16. Informant M. A. Character Roberto	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address R. F. J. H. J.	22. VIOLENCE of death was due to external causes, fill in the following: Accident, suitage, a homizage.	
Cemetery or crematory. Alm House	Where did hurry accur? (City or town) (County) (State)	
18. Funeral director William H. James Fr.	Means of Injury Litery flung the United at work?	
surer Princess and The Total	23 SIGNATURE X ELL M. Jour other	
19. Jako red by registrary 18. Registrar	Todross Sesus Du Med Date signed 1/2847	

MALY STATE DEPARTMENT OF HEALTH

toni M. Charles St., Raitingorg

DESTIFICATE OF DEATH

12. No . 10

USUAL RESIDENCE (HOM -) OF D C 17.31300 I've comburn lafanta give real ' ber) the second of the second of the second eter program to a second and the second of the second A SECTION A s dans My Mannb a 447 1 166 J 1 MOITANIAN SOLVER To had death enough a the " a short chart that I was death as forces of the last the and the second of the second of the 1 18..... 6 4891 113 111. a so the same La grah M. P. 1 7 730 , 5 B' inwents that I had pullings STATE OF THE PARTY 1716 2 10 4 JAN 29 1947 th & Hindney PURFAIL (Include prognancy w | 1 mo (z of death) gon a water a may we to the standard and a standard with . in shall & 17 18 . I to a substitue the care is whi i death should be che General Control ' ' ' ' ledestry, potite 9 (w' ?) Interest at worth? Train he come !! DESCRIPTION AV if D, or other

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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 939

CERTIFICATE OF DEATH



111871 Reg. Dist. No. 266

MG D. of o

1. PLACE OF DEATH: Somerset				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
County			oint Costh T		
City or town	RIIC	oces r	oint, smith i.	State Maryland Cou	nty DOMOTSEC
(If or	atside city or town li	etime	URAL and give nearest town)	City or town Rhodes Point	, Smith Island
How long in above place of	of death?		220	(If outside city or town limits	a, write RURAL and give nearest town)
Hospital, Institution, or	street address where	death occurred		Street No.	
	1101	110		(If rural, give	LOCATION)
How long in hospital or institution?				2.(a) If veteran, name war NO	
3. (a) FULL NAME					3. (b) Social Security Number
		LEXANI	DER MERRILL TYL	ER	U nknown
4. Sex	. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			MEDICAL CI	ERTIFICATION
M	W	T.	arried		AM
TAT	14	14.	giited	20. DATE OF DEATH	0. 20, 19 47 at 10:30
	Myrt	tie Ev	ans Tyler	2f. I CERTIFY that death occurred on the date abo	we stated. that I attended deceased from
6.(b) Hame of husband o	r wife			Jan. 20, 1947 10 Jan. 20, 19 47	
485880488888888888888888888888888888888		6.(c) If alive, give ageyears		
7. Birth date of	Januar	PTF 20	1880		18, 1947
dcceased (mo., day, yr				Immediate cause of death Coronar	y Thrombosis DURATION
8. AGE: Years	Months	Days	If less than one day	-	talenowa.
58	3 0	0		•••••••••••••••••••••••••••••••••••••••	7.4.7.7.7.6.4.4.4.4.
Rhod	les Point	-Some	reat_Md	Rusta Arterio-Sclerot	io heart
9. Birthplace		county, and a		MAR I O	T-1
	Weterma		eate)	disease	Unknown
fD. Usual occupation	na berme	4.4.4	•••••••••••	Bue to	
11. Industry or business	Seafood	1			
12. Name	Severn	Tyler		Dther conditions	
E 12. Walle	Smith I			Uther conditions	
				(Include pregnancy within 3 r	months of death)
Milkey Dize 14. Malden name Milkey Dize Smith Island				=	
LO		cland		Major findings of operations	
					Date of op
16. Informanf				Antopsy results	
Address Rhodes Point, Md.				PHYSICIAN: Please underline the cause to what	
17(Burial, cremation,	Burial		Jan 23, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external cau	ises, fill in the following;
(Burial, cremation,	or removat, Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of
	Rhodee	Point	Meth Cem	Where did injury occur?	(County) (State)
Cemetery or cremator	y	****************		Where did injury occur?(City or town)	(County) (Stato)
Rhodes Point, Md.			, Md .	Injured at home, farm, industry, public place (w	here?)
H. Harvey Bradshaw				Mesns of Injury	Injured at work?
18. Funeral director	******************************				
Address Crisfield, Md.			a. ,','	or SIGNATURE M. G. CT	ambers M. D.
19. Lan 24	1947	(2	arie Kitche	E SIGNATURE	WG OF OWNER CO

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Clty or town	State County Screen County City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh?	(If outside city or then limits, write RUKAL and give nearest town) Street No. R (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3.(b) Social Security Number 217-09-6669
4. Sex 5. Color or race (1.6.(a) Single, married, widowed, or divorced	2D, DATE DF DEATH MEDICAL CERTIFICATION 20, DATE DF DEATH 20, DATE OF DATE OF DEATH 20, DATE OF
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date bove stated; that I allended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace	Due to Co comment of Teleur Conf. 9400
10. Usual occupation	Due to Least
11. Industry or business 12. Name Ragging 13. Birthplace	Diher conditions
14. Malden name Resse T By	(Include pregnancy within 3 months of death) Major findings of operations.
	Date of op.
16, Informant house therese	Autopsy results. Man
Address 17. Date thereof (Burisi, cremation, or removal, Which?) Date thereof (month) (lay) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Caroline O	injured at home, farm, industry, public place (where?)
18. Funeral director Alabarah Dr. Alabarah	Means of injury Injured at work?
Address 306 Main St. Coolee & Me	23. SIGNATURE Bergs & Constant of D
19. 1/3 147 19. agotto E. Frank	23. SIGNATURE M. D. or other M. D. or other Address M. M. D. or other Address M. M. D. or other Address M. M. D. or other

315 rc= 24 (1947) BUREAU V & MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66872

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State County		
ingsprint, institution, or street addition where great describes	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Dorothy Young	3. (b) Social Security Number 2 / 9- 0 3- 47 9 3		
4. Sex Female Solored 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 17th. 19 47 at 2 2 2 10 M		
B.(b) Name of husband or Mex. Gordy Young B.(c) If alive, give age. 35 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) April 1st, 1915	and that I last saw Remarks and the on		
8. AGE: Years Months Days It less than one day 31 8 18	Immediate cause of death Duration Duration Duration Duration		
9. Birthplace Somerset - Maryland (Town, county, and state)	Due to Classe Dut regulo 1 years		
10. Usual occupation Housewife and working in the line of the business	Due to Chano macasata		
Hueitt Ballard 12. Name Hueitt Ballard Somerset Go. Maryland	Other conditions		
14. Malden name Annie Turpin	(Include pregnancy within 3 months of death) Major findings of operations.		
Somerset Co. Maryland 16. Informant G. W. Tilghman and Gordy Young	Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.		
Address Merion, Maryland Burial Burial Date thereof Jan. 21, 1947 (Burial, cremation, or removal. Whichi) (month) (day) (year)	22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Family Graveyard, Marion, Md.	Where did injury occur?		
18. Funeral director George W. Tilghman	Means of injury injured at work?		
Address Marion, Md	23. SIGNATURE Deep Doublem M. D. of other		
(Date rec'd by registrar) Registrar	Address numm sto mp Dato signed and 18 47		

